

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.

SCOTT HILL

-against-

THE CITY OF NEW YORK

NEW YORK CITY POLICE DEPT.

POLICE OFFICERS JOHN DOES

COURT OFFICERS N.Y.C.

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

1:17 CV 01420-CM

(Include case number if one has been assigned)

AMENDED

COMPLAINT

Do you want a jury trial?

☐ Yes

☒ No

S.D. OF N.Y.

2017 OCT -2 PM 2:41

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NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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DATE FILED: 10/2/17

**I. BASIS FOR JURISDICTION**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ Federal Question

☒ Diversity of Citizenship

**A. If you checked Federal Question**

Which of your federal constitutional or federal statutory rights have been violated?

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**B. If you checked Diversity of Citizenship****1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, Scott Hill, is a citizen of the State of  
(Plaintiff's name)

STATEN ISLAND N.Y.  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

\_\_\_\_\_  
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, SCOTT Hill, is a citizen of the State of  
(Defendant's name)

STATEN ISLAND N.Y.

or, if not lawfully admitted for permanent residence in the United States, a citizen or  
subject of the foreign state of

If the defendant is a corporation:

The defendant, SCOTT Hill, is incorporated under the laws of  
the State of N.Y.

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing  
information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional  
pages if needed.

SCOTT BRYAN Hill  
First Name Middle Initial Last Name

298 NOME AVE FIRST FL. Sided door  
Street Address

S.I. N.Y. 10314  
County, City State Zip Code

718-568-8805  
Telephone Number Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

SCOTT

First Name

Hill

Last Name

Current Job Title (or other identifying information)

298 NOME AVE FIRST FL. Side door S.I. N.Y.

Current Work Address (or other address where defendant may be served)

298 NOME AVE Richmond N.Y. 10314

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

ON 1/14/16 I WAS ARRESSTED, AND IN THE COURT HOUSE, THE CORRECTIONS OFFICERS BEAT ME UP. I SUBSTAINED TRAUMATIZED TO THE STOMACH, MY RIGHT ARM WAS PULLED OUT OF PLACE, THEY KNEELED ON MY HEAD, AND PULLED MY BY MY ARM WHILE IN ONE HANDCUFF, PUNCHED ME IN MY STOMACH, KICKED ME IN MY BACK WHILE I WAS ON THE FLOOR. AND I WAS COUGHING UP BLOOD. AND UNTIL THIS DAY, MY KNECK, ARM, AND BACK STILL HURTS AND MY RIBB'S. AND I HAVE KNIGHTMARE'S WHEN I SLEEP, AND WHEN I SEE COP'S I GET NERVIS.

ON 11/14/16 I WAS ARRESSTED AND BROUGHT TO THE ~~COURT~~ COURT HOUSE, WHERE THE COURT OFFICERS BEAT ME UP. THEY PUT A HAND CUFF ON MY RIGHT ARM, WRIST, PUNCHED ME IN MY BACK, HEAD, STOMACH, PULLED ME ONTO THE FLOOR, KNEELED ON MY HEAD, RIBBES, PULLED MY BY MY ARM WITH THE HAND CUFF ON MY RIST. MY ARM POPPED OUT OF PLACE, MY KNECK, SHOULDER, AND ARM SWELLED UP. I HAD TROMMATIZED TO MY STOMACH, I WAS COUFFING UP BLOOD. WHILE I WAS LOUCKED UP AND WHEN I WAS RELESED, I HAVE HEND AKE'S, AND I STILL DO. AND INJURIES: KNIGHT MARES, AND I GET NURVISE WHEN I SEE, COPS.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

MY HEAD, KNECK, RIGHT WRIST, RIGHT ARM, STOMACH, RIBBS, BACK, STILL HURT'S.

AND THEY DID NOT TAKE ME TO THE CLINIC OR HOSPITAL. WHEN I DID GET TO SEE THE DOCTER, HE DIDN'T <sup>WANT</sup> ~~WANT~~ TO EXZAMON ME. HE TOLD ME TO GO TO THE HOSPITAL WHEN I GOT OUT.

#### IV. RELIEF

State briefly what money damages or other relief you want the court to order.

\$1 million, 24,000,000.00.

9/27/17

1:17cv01420-CM

TO THE PEOPLE OF THE DISTRICT COURT;  
 I SCOTT Hill is writting you TO give you an  
 ideal of what i'm going through AFTER THE  
 DAY i WAS BEATEN UP ON 1/14/16, in THE back  
 OF THE COURTHOUSE, by THE cell's by THE COURT  
 OFFICER'S. FROM THAT DAY UNTIL NOW, MY BODY  
 AND THE WHOLE right side of my body is in PAIN  
 AND i FEEL ALOT OF PAIN on my whole right side.  
 WHEN i WALK, i CAN'T WALK A WHOLE block  
 WITHOUT HAVING TO STOP, BECAUSE i START FEELING  
 PAIN in my body AND on THE WHOLE right side  
 OF my body. i START coughffing UP flouds,  
 AND small globb's of blood, AND sometime's i  
 THROUGH UP. WHEN i WALK HOME with bag's  
 in my hand's and hold A bag in my wright hand,  
 it FEEL'S like it'S pulling MY right ARM off MY  
 body. AND when i'm home, i HAVE TO WALK WITH  
 A CUP, BECAUSE i START coughffing UP floud's  
 AND litte globb's of blood, when i EAT, i HAVE  
 TO KEEP A CUP NEXT TO ME BECAUSE i START  
 cchocking, AND coughffing UP flouds AND  
 small globb's of blood, AND when i sit down  
 TO WATCH T.V. i HAVE TO sit WITH A CUP NEXT  
 TO ME BECAUSE i'll START CAUGHffing UP flouds  
 AND blood.



And i WAS Told THAT i would be like THIS for THE REST OF MY LIFE, THAT THERE'S NOTHING THAT CAN BE JUST HOPE AND PRAY FOR THE BEST. And THE HARDEST PART IS WHEN YOU'R LOVE ONE OR SOMEONE YOU SEE HUGG'S YOU AND WHEN THEY DO YOU BE IN ALOT OF PAIN AND YOU DON'T WANT TO TELL THEM. OR WHEN YOU LAY DOWN AND TRY TO GO TO SLEEP AT NIGHT. AND WHEN YOU LAY ON YOU'R BACK, YOUR STOMACH OR YOU'R SIDE'S BECAUSE YOU BE IN ALOT OF PAIN AND YOU ~~START~~ START COUGHING UP FLUID'S AND GLOBB'S OF BLOOD, AND THE WORST PART OF IT ALL, IS WHEN YOU CANT MAKE LOVE OR HAVE SEX, BECAUSE IT FEELS LIKE YOU'R ABOUT TO PASS OUT FROM THE PAIN. So what i do is PRAY TO GOD AND JESUS CRIST MY LORD AND SAVIOR TO TOUCH ME WITH THERE HEALLING HAND'S FROM THE HEAVEN'S TO HEAL ME, AND I LEAVE IT IN THERE HAND'S. AND THAT'S ABOUT IT.

IF YOU HAVE ANY QUESTIONS, FEEL FREE TO CALL ME OR WRIT ME, HERE'S MY # 718-568-8805, ADDRESS. SCOTT Hill 298 NOME <sup>AVE</sup> First Fl. Side door STATEN ISLAND N.Y. 10314

yours Truly  
Scott Hill



**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

9/23/17  
 Dated  
Scott Hill  
 Plaintiff's Signature  
SCOTT B Hill  
 First Name Middle Initial Last Name  
298 NOME FIRST FL. side door  
 Street Address  
Richmond, S.I. N.Y. 10314  
 County, City State Zip Code  
718-568-8805  
 Telephone Number Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.